

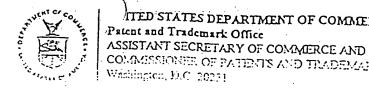


Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

	CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
FOR		NUMBE	R FILED	NUMBER	EXTRA	RATE	FEE		RATE	FEE	
BASI	C FEE		5.A		n .		395.00	OR		790.00	
TOTAL CLAIMS / minus 20 =			20 = *	= * 36			OR	x\$22=	572		
INDE	PENDENT CLA	AIMS 2	minu	s 3 =   * /	. /			OR	x82=	82	
MULTIPLE DEPENDENT CLAIM PRESENT					+135=		OR	+270=			
* If th	* If the difference in column 1 is less than zero, enter "0" in column 2							OR	TOTAL	1444	
	CLAIMS AS AMENDED - PART II						TOTAL			ER THAN	
					Column 2) (Column 3)		SMALL ENTITY		SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	*	Minus	** .	=	x\$11=		OR	x\$22=		
MEN	Independent	*	Minus	***	=	x41=		OR	x82=		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+135=		OR	+270=		
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
AMENDMENT B		(Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	x\$11=		OR	x\$22=		
	Independent	*	Minus	***	=	x41=		OR	x82=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+135=		OR	+270=		
		(Column 1)		(Column 2)	(Column 3)	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**	=	x\$11=		OR	x\$22=		
	Independent	*	Minus	***	=	x41=		OR	x82=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=							OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											



NOTICE OF FILING/CLAIM FEE(S) DUE TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER:	08	902516

FORM OIPE-RAM-01 (Rev. 5/97)

## Total Fee Calculation

	Fee Code	Total # Claims	Number Extra X	Fee	Fee =	T			
	Sm./Lg.			Sm. Entity	Lg Entity	Tot			
Basic Filing Fee	201/101			•	101				
Total Claims >20	203/103	46 -20 =	= <u>26</u> x _L x	<del></del>	77	<u> </u>			
Independent Claims >3	202/102	<u></u> -3 =	x		20	5'			
Mult. Dep Claim Present	204/104	·	——————————————————————————————————————						
Surcharge	205/105				125	/3			
English Translation	139			`	105	Li			
TOTAL FEE CALCULA	NOTTA				***	<u>15</u>			
Fees due upon filing th	ne application:								
Total Filing Fees Due	= \$	552.0	00	,•					
Less Filing Fees Submi	itted - \$	<u>~0-</u>			. <del>-</del>				
BALANCE DUE	= \$	1552.	00						
Office of Initial Patent Examination									